Labor Organization Officer and Employee Report

U.S. Departmen. Employment Standards Administration Office of Labor-Management Standards

Labor

State

Date Form LM-30 (Rev. 1986)





This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188

Name and address of person filing	2. Name and a	Name and address of labor organization	
Jay Mazur, President 150 East 69th Street, Apt. 19C New York, NY 10021			
Position in labor organization	4. Date fiscal year ended 12/31/2000	5. File number (if ass	igned) (4
nter appropriate data below if, during the past fisc	al year, you or your spouse or m		any of the following in-
rests (except as specified in the exclusions set for . Held an interest in, engaged in transactions (in		ome or other economic benefit of r	popetany value from an
employer whose employees your organization			nonctary value nom an
Name of Employer	Address of Em	ployer 275 Seventh Avenue,	11th Floor
UNITE		New York, NY 10001	1101
Nature of Interest, Transaction or Income			
Member of the Board of Directors of	Amalgamated Bank and Sha	reholder of same	
Held an interest in or derived income or economic from, selling or leasing to, or otherwise dealing wit seeking to represent, or (2) any part of which cons organization or with a trust in which your labor organization.	h the business of an employer who ists of buying from or selling or leasi	se employees your labor organization	represents or is actively
Name of business	Address of bus	iness	
Amalgamated Bank Of New York		15 Union Square New York, NY 10003	
Business deals with— A. Labor Organization B. Trust	10. If 9B or 9C	is checked give trust or employer's	name
Nature and approximate dollar value of such dealing State and 25 Area State and 25 Area		ued at \$255.00 per share	
Nature of interest held or income received			
\$622.73			
Received from any employer (other than an emany payment of money or other thing of value	ployer covered under parts A and E	above) or from any labor relations of	onsultant to an employe
. Name and address of employer or c	onsultant 14. Nature of	payment .	
None	None		
			100 St. International
IF MORE SP	ACE IS NEEDED ATTACH ADDI	TIONAL SHEETS	-
 Signature and verification—The undersigned detection of the attachments incorporated therein or referred to correct and complete. 			
(Dah Conne	New York, NY		10/22/22
nned:	of New IOLK, NI		on 10/22/03